

Name
in
Full

CERTIFICATE OF DEATH

Lucy Tylor Beal
Died at *St Inegores* *St Marys*
Town County

MARYLAND

Date of death *1908 Nov 11* Age *11* Years Months Days

Sex *Female* Color or Race *white* Birth place *St Marys*

Occupation *Domestic* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Alexandria Beal*

Father's Name *Don't know* Father's Birthplace

Mother's Maiden Name *Amanda Tylor* Mother's Birthplace *St Marys*

Name of person giving information How related to deceased

CAUSES OF DEATH

(42)

Primary *Cancer uterus* How long *2 years*

Immediate *Exhaustion* How long *4 months*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W Lloyd*

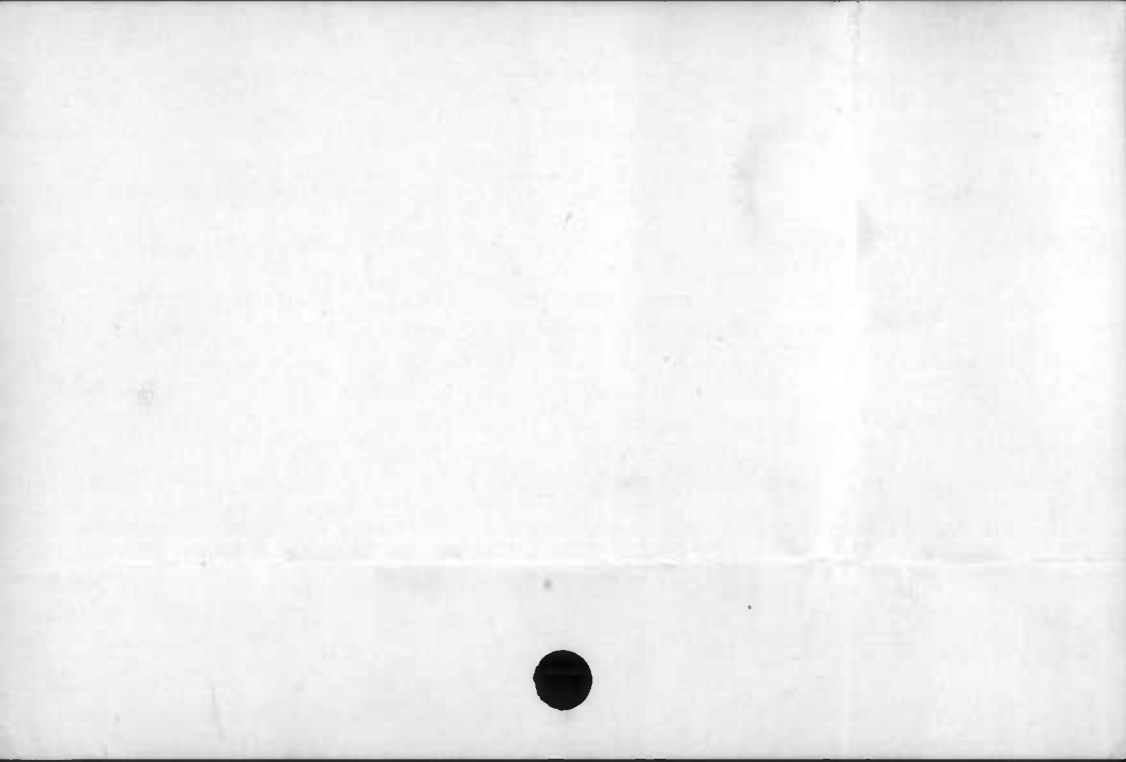
Address

Ridge Md

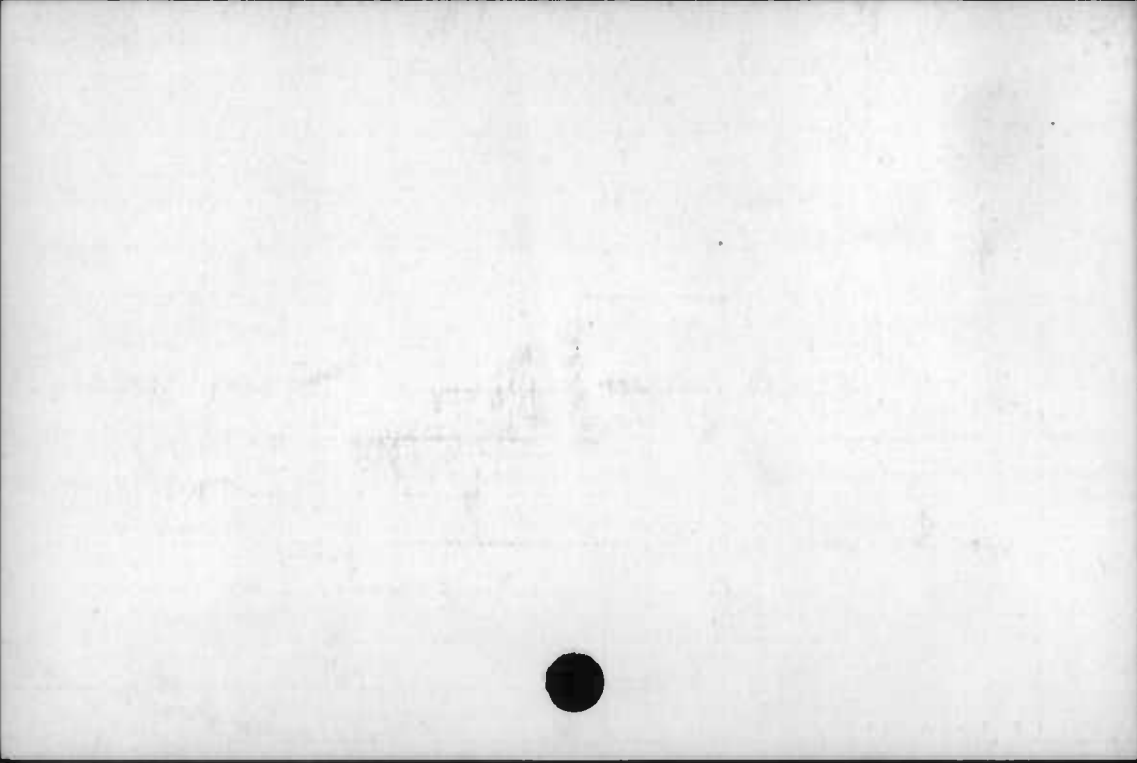
Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		Hilary Bowles				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town		St. Marys		County		MARYLAND	
	Date of death	1908	Month	Nov.	Day	10	Age	71	Years
	Sex	Male		Color or Race		White		Birth-place	
	Occupation	Farming		Where Residing if not at place of death		-			
	Married, Single or Widowed	Widowed		Name of Wife or Husband					
	Father's Name	Gusty Bowles		Father's Birthplace		Md.			
	Mother's Maiden Name			Mother's Birthplace					
	Name of person giving information	Thos H. Hill		How related to deceased					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(79)</div>									
PHYSICIAN OR CORONER	Primary	Valvular disease of Heart				How long			
						8 Months			
	Immediate					How long			
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician			
						Address			
Accident or Suicide?					Morganza -				



Name

in
Full

Alumvinius Henrich

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

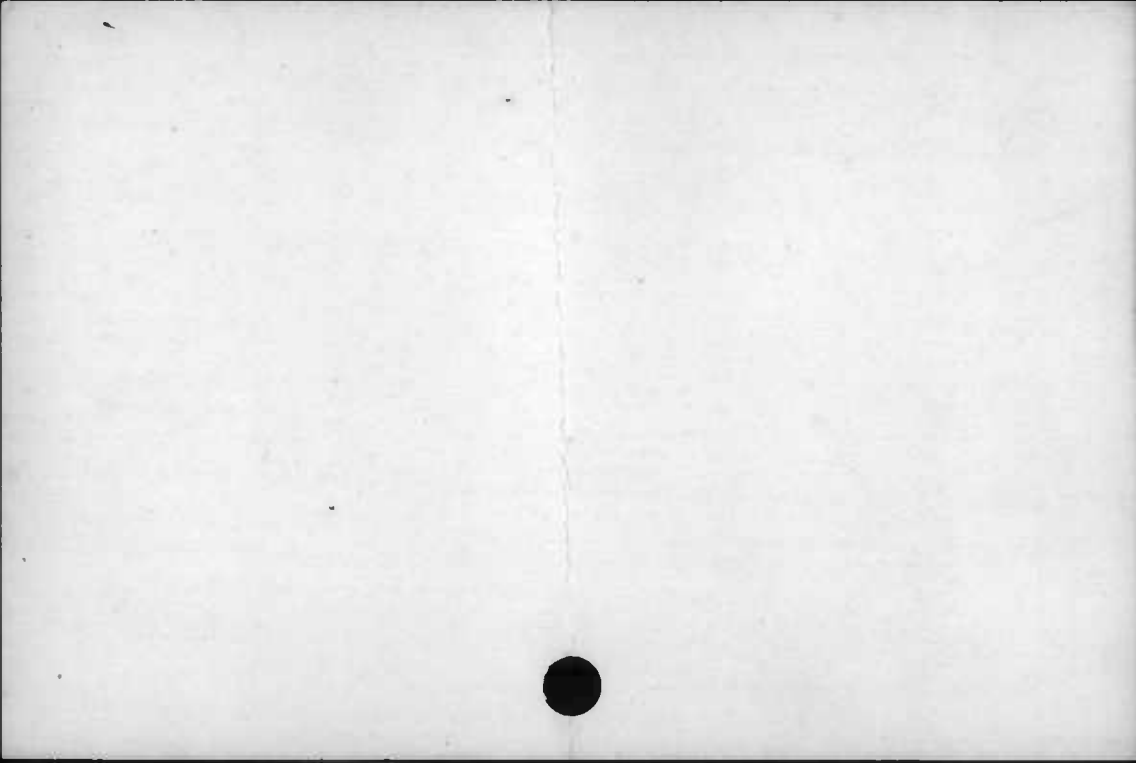
Died at <u>Dragon</u> Town		<u>St Mary's</u> County		MARYLAND	
Date of death	190 <u>8</u>	Month	<u>Nov</u>	Day	<u>12</u>
Age		<u>24</u>		Months	
Sex	<u>male</u>	Color or Race	<u>Black</u>	Birth-place	<u>St Mary's Co., Md</u>
Occupation	<u>Laborer</u>		Where Residing if not at place of death <u>St Mary's Co., Md</u>		
Married, Single or Widowed	Name of Wife or Husband		<u>Alumvinius Henrich</u>		
Father's Name	<u>Eug Henrich</u>		Father's Birthplace	<u>St Mary's Co., Md</u>	
Mother's Maiden Name	<u>Jane Whalen</u>		Mother's Birthplace	<u>St Mary's Co., Md</u>	
Name of person giving information	<u>Mother</u>		How related to deceased	<u>Mother</u>	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<u>Bright's Disease</u>	How long	<u>2 months</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>Henry Richardson, M.D.</u>	
		Address	
		<u>Great Mills,</u>	
		<u>St Mary's Co., Md</u>	
Accident or Suicide?			



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

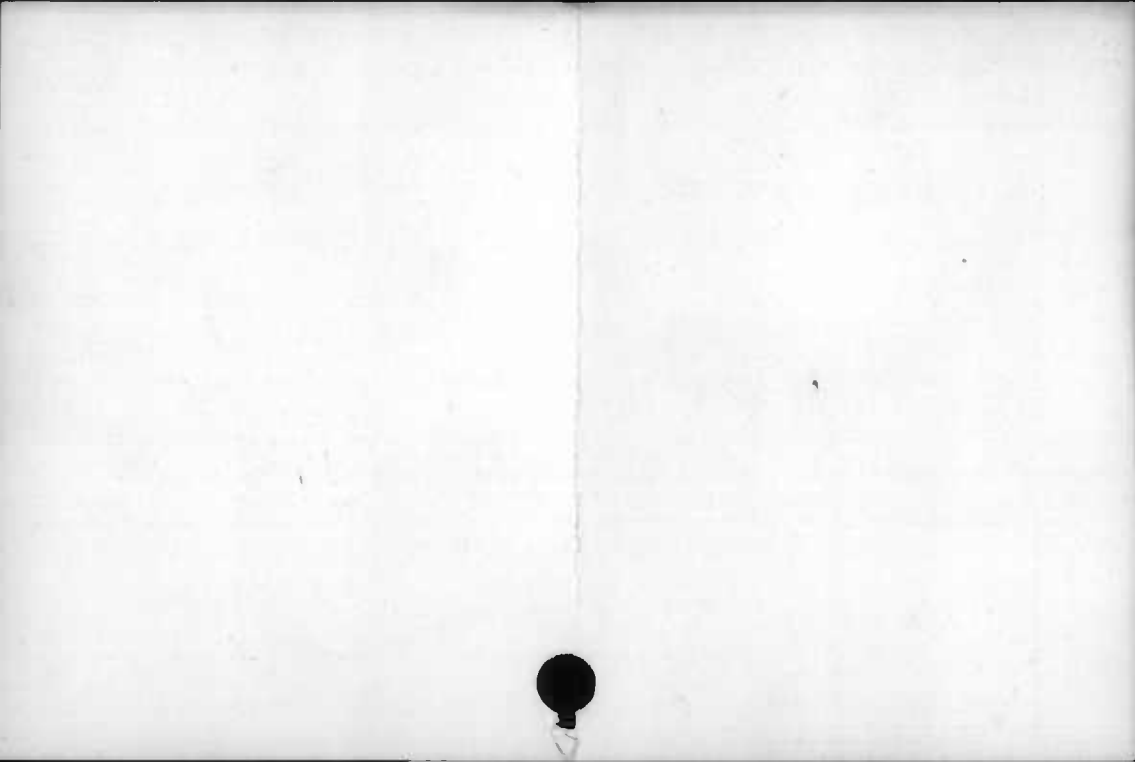
Name in Full <i>Lizzie Catherine McGill</i>		Town <i>Great Mills</i>		County <i>St Mary's</i>		MARYLAND	
Died at <i>Great Mills</i>		Month <i>Nov -</i>		Day <i>27</i>		Age <i>68</i>	
Date of death <i>1908</i>		Month <i>Nov -</i>		Day <i>27</i>		Years <i>68</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>St Mary's Co.,</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>St Mary's Co.,</i>					
Married, Single or Widowed		Name of Wife or Husband <i>Lizzie Catherine McGill</i>					
Father's Name <i>Wiley Jones</i>		Father's Birthplace <i>St Mary's Co.,</i>					
Mother's Maiden Name <i>Permelia Waters</i>		Mother's Birthplace <i>Chas. Co.,</i>					
Name of person giving information <i>Husband</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

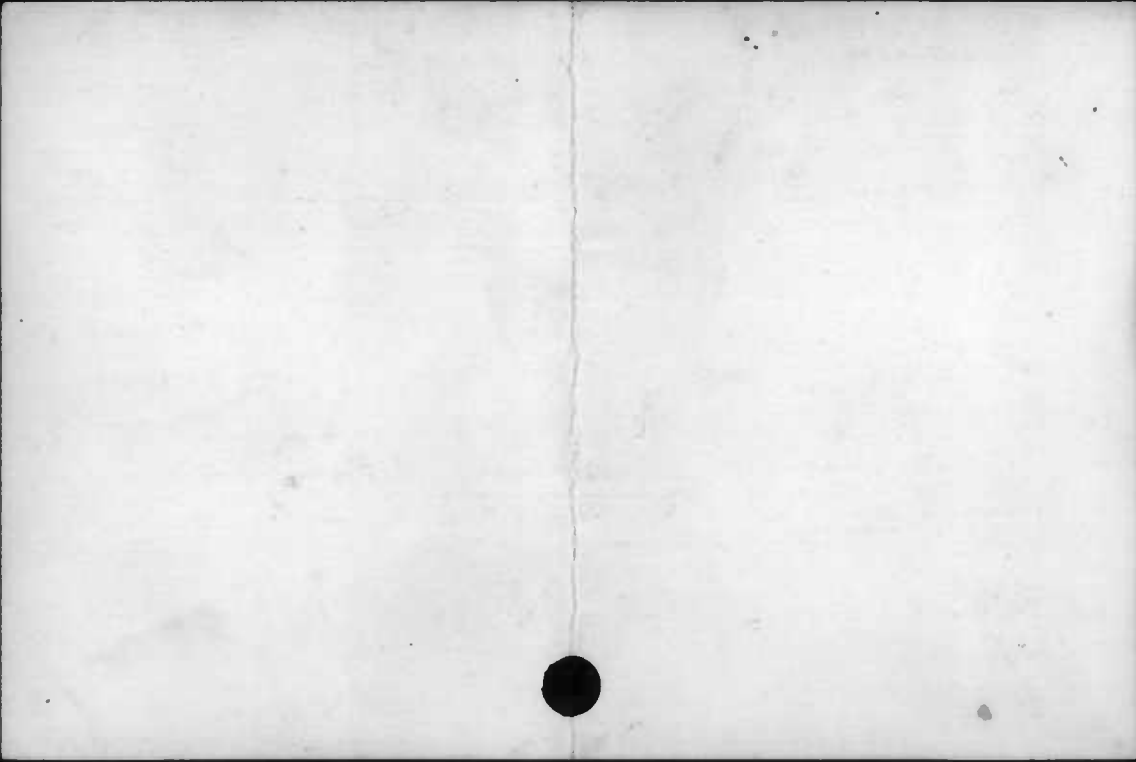
27

PHYSICIAN
OR CORONER

Primary <i>Tuberculous Ulcers of the Intestines</i>	How long <i>Eighteen Months</i>
Immediate <i>with Hemorrhages & general Delirium</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Harry Richardson M.D.</i>
	Address <i>Great Mills P.O.</i>
Accident or Suicide?	<i>St Mary's Co., Md.</i>



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Pearson</u> <small>Town</small>		County <u>St Marys</u>	
		Date of death <u>1908 November 5th</u>		Age <u>89</u> <small>Years</small>	
		Sex <u>Female</u>		Color or Race <u>Colored</u>	
		Occupation <u>None</u>		Birth-place <u>Maryland</u>	
		Where Residing if not at place of death			
		Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband <u>Joe Smith</u>	
Father's Name <u>William Beale</u>		Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Does not know</u>		Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>William H Brown</u>		How related to deceased <u>Son in Law</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Cerebral Hemorrhage</u>		How long <u>64</u>	
		Immediate		How long <u>About 15 hours</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>A. L. Hodgdon M.D.</u>	
		Address <u>Pearson Post Office, Maryland</u>			
Accident or Suicide? <u>_____</u>					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Unknown

Died at Chesapeake Bay ^{Town} St Marys ^{County} MARYLAND

Date of death 1908 ^{Month} Nov ^{Day} Don't know ^{Years} Age Months Days

Sex male Color or Race white Birth-place

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information How related to deceased

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Accident

How long

How long

W. H. Lloyd
Ridge & Mill

